

Wastewater Treatment System Commercial Addendum
Gallatin City-County Health Department, Environmental Health Services

- 1) Legal description of proposed wastewater treatment system: _____¹/₄_____¹/₄ Section _____ Township _____ Range _____
Subdivision: _____ Lot/Tract/Parcel: _____ Block _____
Certificate of Survey/Minor Subdivision Number: _____ Size of Parcel: _____ acres
- 2) Describe the nature of the commercial business to be serviced by the system. Be specific. _____

- 3) Maximum number of employees that will be serviced per day by the proposed water and wastewater treatment system(s)? _____
Maximum number of customers that will be serviced per day by the proposed water and
wastewater treatment system(s)? _____ Describe in detail how the number of people using the
system(s) (employees & customers) will be limited to 24 or less per day: _____

- 4) What quantity & type of wastewater will be generated by the facility? Be specific & show calculations. _____

- 5) How many bathrooms (toilet & sink) will be serviced by the system? _____
- 6) Will this proposed septic system receive wastewater from a food service establishment? _____ If yes, describe number
and size of grease traps. _____
- 7) What is the total number of plumbing fixtures that will be serviced by the system? _____ Describe each fixture.

- 8) Will there be any floor drains or shop sinks attached to the septic system? _____ What quantity & type of
wastewater will they drain? (No hazardous waste can be disposed of in the system. All waste must be treated to residential
strength prior to final disposal.) _____

Property Owner at time of application (Print): _____

I (We) hereby certify under penalty of perjury that I (we) am the legal owner(s) of the above real property and that the
information above is true, complete, accurate and correct to the best of my (our) knowledge. I give EHS permission to file
this form with the parcel in the Clerk and Recorder's Office before final approval will be given.

Property Owner's Signature _____ Date _____

Notary:

State of _____ County of _____

This instrument was acknowledged before me on _____ by _____

Signature of notarial officer
Notary Public for the State of _____
Residing at _____
My commission expires _____

EHS Use Only: Approved Permit # _____ for _____ Bedrooms and/or _____ GPD

The septic system for the above mentioned location shall only service the above mentioned commercial venture and shall not serve more than 24 people
daily for more than 60 days per year. Changes in the commercial use of the property as described above will require a review by the Gallatin City-
County Health Department to determine if the proposed commercial use is compatible with all county and state rules regulating the installation and use
of the wastewater treatment system in question.

Approved by: _____ Date: _____